



AZ High School Equivalency Access Code Request

Walk-in Location:

ADE/Adult Education Services
3300 N. Central Ave, Suite 2360
Phoenix, AZ 85012

E-mail address:

AdultEd@azed.gov

Fax Number:

(602) 542-0031

Phone Number:

(602) 258-2410, option #2

Business Hours: Monday-Friday 8:00am-5:00pm

Instructions

- ⇒ Please clearly fill out and sign this form (must be completed by current and former test takers only).
- ⇒ You may e-mail or fax this form, or come in person to our office.
- ⇒ **If e-mailing or faxing:** You must include a clear and readable photocopy of your current valid government-issued picture I.D. (front and back). Please keep in mind that if your I.D. does not come out clearly, you will be asked to resubmit. E-mail is generally preferred but if you must send by fax, we recommend using the lightest setting on your fax machine.
 - **Call our office, at least 15 minutes after submission, to obtain your Access Code. Our phone number is (602) 258-2410, option #2. We do not keep submitted requests longer than 2 business days. We do not give Access Codes to 3rd parties.**
- ⇒ **If submitting in person:** Please bring your current valid government-issued picture I.D. with you. You will be given your Access Code and instructions on how to access your record.
- ⇒ **Once you receive your Access Code,** go online to <https://myhse.azed.gov>. You will be required to register/"Create Account" under the Test-Takers section (your Access Code will be required during this process). You will be able to view your scores and print your official transcripts.
- ⇒ **DO NOT MAIL THIS FORM. WE DO NOT ACCEPT MAIL AT THE WALK-IN LOCATION ADDRESS ABOVE.**

*Please Note: If you took your GED® test prior to 1985 and have never requested a copy of your records, your record may be on microfilm. Records on microfilm will not have an Access Code yet, so a transcript request will have to be submitted to conduct a microfilm search (see High School Equivalency Records Request Form).

My Information

Current Legal Name (REQUIRED) (First, Middle, Last)		Social Security Number (REQUIRED) - - -
Name at Time of Test— <i>Required if different than above</i> (First, Middle, Last)		Date of Birth (REQUIRED) / /
Current Mailing Address	City, State, Zip Code	Current Phone Number () -
Approx. Test Center Location/Name (<i>optional</i>)		Approx. Test Date
I Tested On... <input type="checkbox"/> Computer and/or <input type="checkbox"/> Paper		

Certification: "I hereby certify that all information provided is completely true, and I authorize the release of my scores to the requestor." Applicant Signature (Required by FERPA: Student Privacy Act)

Signature _____ Date ____/____/____

SCORES, ACCESS CODES, OR RECORD INFORMATION WILL NOT BE FAXED OR SENT BY E-MAIL